211 ST MARYS AN LA PRATA

Die OHrier restante and the service later. If the service as braid tender and the releasement tenderer in trouble zigenzavite in the delication There is an area of the second AND REAL PROPERTY OF THE PARTY ing the state of t

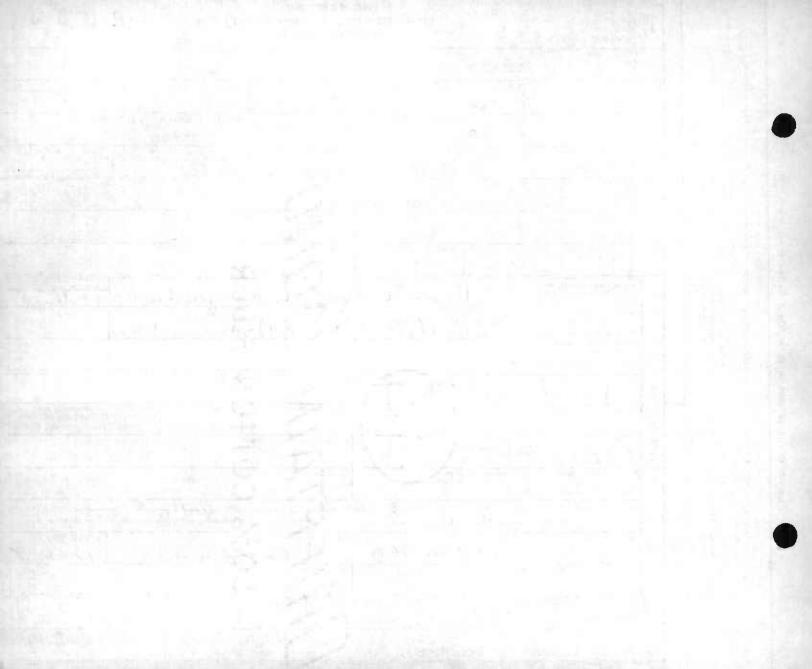
2001 08 L CI REPRACE MOCH MOCHE DE - 0101 E - 11 371871 378W OMPRIES COUNTY_ LAPINITA ICA AMBIRINA MEMBURA MANIMITALE SELECTION SELECTION SELECTION OF THE SELECTION OF MARCHIAND CHARGES LAPIATE X REQ BOX 3255 NOTHERS OX SERVE THE PROPERTY OF THE WHITE WHITE WAS TO BE TO BE TO THE PROPERTY OF THE PROPERT MINISTER PLANTED IN THE STATE OF THE STATE O Tillian Telethy lam. ...dens ridget, ...herien, Rd. 189 11,034 Demograph, Trail and Lore and John Strail

regist etc. Best of conservations and the second of the conservation of the conservati | Place | Meet |

The state of the s

(VR A 15 (4))

STATE OF MARYLAND



The second of the second bulleting of the second continues of the second Elizabeth and the and the second of the seco The Property of the Control of the C - In S install stroking dispendebutean anti-AC-37-300 Trians to news Jeressie, stemen, Charles, Md. nouse functal stone, bulders, Susyland a same frames of the

injury, or other troumotic event, the medical exemine

IMPORTANT: If Item 21 is marked or Item 18 shows ony

24. FUNERAL DIRECTOR

Arehart

Funeral Home, Inc.-La

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPA	RETMENT OF HEALTH AND MENTAL H	YGIENE O O REG. NO.	
	I DECEASED NAME FIRST (TYPE OR PRINT)	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR P. M
ì	Rose	Marie	Gilroy	December	23 198h 7 · 3 cm
Z	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
1	Female	White	March 19, 1929	51 YRS.	
1	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	BALTIMORE CITY OR COUNTY	Y OF DEATH
2	Maryland	U.S.A.	WIDOWED DIVORCED	Charl	es MD.
-9	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
Ĺ,	La Plata	Physicians	Memorial Hospti	al Store Clerk	-Ret. A&P Ste
2	USUAL RESIDENCE (IF NURSING HOME O 136 STATE 135 CQU Maryland Ch	NTY 13c. CITY OR 1		Rt. 1, Box 42	8(Rtin#6ster)
	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	
5		cer Bradburn	Madeline	Tres	sbach
	160. WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL S	1/6.	1, Box APES, I	ndian Head,Mc
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO THE TEI		
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1196 CONDITION FOR WA	IICH OPERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
	OR CONTRIBUTING CAUSE OF DE	R) P.M.	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 1	PART 1 OR PART 2}
	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		CITY OR TOWN	COUNTY STATE
		ital) attended the deceased from 12/23 Triview the bady after death.	om 12- 2-3 , 19 5 , 9 5 , ond that in (m) (our) opinio		19.30., that (I) (we) last ur and from the causes stated
	276. SIGNATURE	Work	DEGREE ATTENDING PHYSICIAN		12. 24 80.
	George Wat	then	27. ADDRESS Char. Pur	Bldg. Wolder	y md, 2060)
	23e BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23. NAME OF CEMETERY OR CREMATORY Trinity Mem. Gar	CITY OR TOWN	Charles Co, Me

Plata, Md.

SEC29

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

alamin_are notate hite sech 19,000 55 A Tank to the Dorott and the second of the Company of the San Barbara San Barb taliano de la companio del companio de la companio del companio de la companio della companio de la companio della companio de entich and with the second of Connect transport to an area also also transport to a connect transport to the connect transport transport to the connect transport transport to the connect transport transport

2	1.	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH AN CERTIFICATE OF		REG. NO.	2	0 0
		CEASED NAME FIRST	MID	DLE	LAS1		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	TITPE	OR PRINT) EAT	RLE N/M	1/N	HAMILTON	Sr.	12-	15-80	8.084 4
	3. SE		4. RACE		5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		MALE	Cau.		July 4.3		81 YRS	MONTHS DAYS	HOURS MIN
e de	70. B	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY	MARRIED NEVE	P AA A PRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH	11-11-11
55	M	aryland	U.S.A	1.		DIVORCED [CHARLES		MD
2	10. €	LA PLATA	(IF NOT IN SUCH F.	ACILITY, GIVE STREE	NG HOME OR OTHER IN TADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND (INDUSTRY Arc	OF BUSINESS OR
oe Pe	USU	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION, GIV	E RESIDENCE BEFO	RE ADMISSION)				, -
35	M	aryland Ch	ounty 13	Waldo	rf YES [Rt.#2 Box 2	55	
80	14. E7	ATHER'S NAME	MIDDLE	LAST	15 MOTHE	R'S MAIDEN NAM	WIDDLE		AST
		William	Richard			Ada		Smoot	
03100		VAS DECEASED EVER IN U.S	S. ARMED FORCES? 16 S. GIVE WAR OR DATES)	b. SOCIAL SEC			ADDRESS	4.00	
-		NO	2	216-38	-5371 Jan:	ie E. H	amilton same		
		18 CAUSE OF DEATH (Ent.	er anly one cause per lin	e for (a), (b), a	nd icy		1.10.1	BETWEEN	XIMATE INTERVAL
			DIATE CAUSE (a)	1 cute	1-h- Tx	Com	and los wh	versel	
		4110	DUE TO, OR	S A CONSEOL	JENCE OF	1	1 papel	- Ask	.
		Canditians, if any, which		tich	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Ver.	manto	5 of al	me
		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR A	S A CONSEOU	ENGE OF	-000	Surance	2 Du	sui)
	7	PART 2 OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMI	INAL DISEASE OR CONDITION (GIVEN IN PART 1	(a)
	CERTIFICATION	196 DATE OF OPERATION	101 CONDITIO	ON FOR WILLIAM	OPERATION WAS PER	024402	20a AUTOPSY? 20b. IF	YES, WERE FIND	NCCHCED
1	5	198 DATE OF OPERATION	190. CONDITIO	ON FOR WHICH	OPERATION WAS PER	FORMED	IN CER	TIFYING CAUSE	S OF DEATH?
	E I	210. ACCIDENT WAS UNDERLYING	G	LILIBY	Tale HOW	INTUINING COCCURR	YES NO	YES	NO 🗌
9		OR CONTRIBUTING CAUSE C		MONTH [AY YEAR	INJURY OCCURR	ED (ENTER NATURE OF MUJURY IN ITEM)	18, PART 1 OR PART 2)	
/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM			19	TION			
	WED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF (AT HOME, STREET	INJURY FACTORY, OFFICE	FARM, ETC.) 21f LOCA STRE	ET	CITY OR TOWN	COUNTY	STATE
		AT WORK LAT WORK				1.0	10 110	(1)	
		22a.1 certify that (I) (this h	4	leceased fram.	15/15/	19 30	to	19 30	that (1) (we) las
		sow the deceased aliv	d nat) view the bady at	ter death.	and that in (m	y/(our) opinion o	death accurred on the date and t	nour and from the	causes stated
		226. SIGNATURE	115	Y	DEGREE			22c. DAT	ESIGNED
1		1100	92000	200	w 7.	PHYSICIAN PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/	2/80,
1		224 PHYSICIAN'S NAME (T	YIE OR PRINT)		22e. ADDR	RESS	THE STATE OF		
1			Wathen, M.				yland 20601		
	23a. I	BURIAL, CREMATION, REMO SPECIFY) Urial	VAL 23b. DATE		NAME OF CEMETERY O		23d. LOCATION CITY OR TOWN	COUNTY	STATE
			12-17-	-80 0	akland Ce		Waldorf, A	harles,	Md.
	24. F	UNERAL DIRECTOR		ADDRESS	0 11 - 3	25 DATE	REE DOBY MEDITAR 2	DIOPESION	The said
	H	untt Funera	al Home, (naldor	T, Maryla	na	HARMER	SOUTH WATER	1

STATE OF MARYLAND

The State of the S The second secon 10.U. | 100.0 | -- | A. | .93% RES AND PLANT & British Particle tracks of The State of the contract of the contract of the state of This tail and the second and the state of th More vanes louis, offeret, rowl or

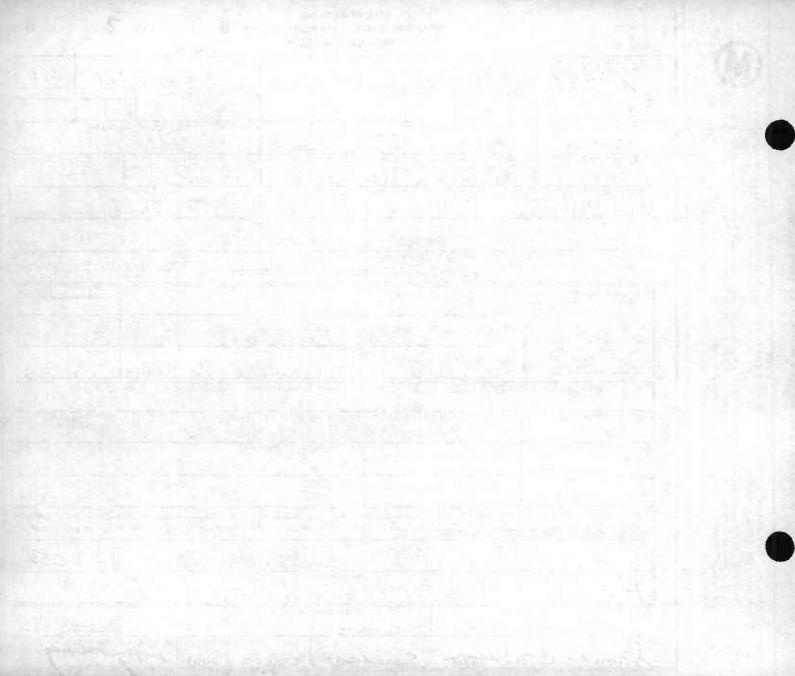
		1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	.	4 0	0 /
3 75			CEASED NAME John	Emerson	Hoff	ast	December	5,19	80 1	0:29A
(M)	3	3 SEX	Male	RACE White	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	MON	INDER I YEAR	IF UNDER 24 HRS
th. Pop rol d 72 hou	25	7a BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTR	/2 8	Never Married	9 BALTIMORE CITY O	R COUNTY OF		
the funer within	15		est Virginia TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE			12a. USUAL OCCUPATI	Charle		BUSINESS O
hours of d in by the filed	Och	USUA 13a S	La Plata L RESIDENCE (IF NURSING HOME OR OT TATE 13b. COUN		ORE ADMISSION)			loyed		
ithin 24 h tely filled 2 should k			Md. Char	les Cobb	sland	YES NO NO NO NAME OF THE PROPERTY OF THE PROPE	8 Ridge	Blvd.	2	
uted w	_		ah Emerson Wa AS DECEASED EVER IN U.S. ARA			Sarah IT INFORMANT	MIDDLE	SS	Rank	
be executed on ond or second or seco				WAR OR DATES) 234-10				me as	#13	
physicie physicie movol.			18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	RV.		RRHYTHMIA			APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
tending e carbo on, or re			414-9 Conditions, if ony, which	DUE TO OR AS A CONSEC			PHAZIENSIVE			
hot the diby the allose removed.			gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEG	2000	HEART	PERTENSIVE DI POPSE			
equires to signed Then ple to burion injury, or		NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	1
ne low range. bos beer permit. ene prior	2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO X	20b. IF YES, W IN CERTIFY IN YES	G CAUSES	
HYSICIAN: The It ding physicion. is certificate has burial-transit pe Mental Hygiene or frem 18 shows			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR		RY IN ITEM 18 PART	FOR PART 2)	
		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TTENDING PI pital or other TOR: After the for use as the of Health and 21 is morked			22a.1 certify that (I) (this hospit sow the deceased alive on.	Dec. 5 19	0.0	, 19 <u>80</u> d that in (my) (aur) opinion d	to Dec	, 19. ate and havr a		hot (I) (we) lo
OR A DIRECT DORECT DORECT DEPT.			abave, (I) (we) (did) (did not 22b. SIGNATURE	view the bady after death		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN (22c. DATE S	5-80
OSPI ed b UNE dbe dbe Star			224. PHYSICIAN'S NAME (TYPE OF	4.0		22e. ADDRESS				
TO He should with I	-	23n B	URIAL, CREMATION, REMOVAL		NAME OF C	Chas. Prof	123d LOCATION	dorr,	40. 2	0601
DD			SPECIFY)	THE RESERVE TO BE A SECOND OF THE PARTY OF T			CITY OR TOWN		OUNTY	STATE
DHMH-16 30M 2/80 (VRA 15, 4)		24 FU	Burial INERAL DIRECTOR	ADDRESS		y Mem Garde	RECOUNT REQUIRE	25b. REGISTRA	RS IGNAM	aryla me
(186.19)			Arehart Fune	ral Home La	Plata	a Md				

STATE OF MARYLAND

West to the section of the section will be the section of the sect in Flags & Director of the Edition of the Interest of the analogue of the control of the control of Det. Charles Coppitation a de les choc Bives the programmed instructions of pieces The same contact at sum of the form Constant the Control of the Control Beatternic aginer laginer approximation of the collection A THE STATE A STATE OF THE STAT

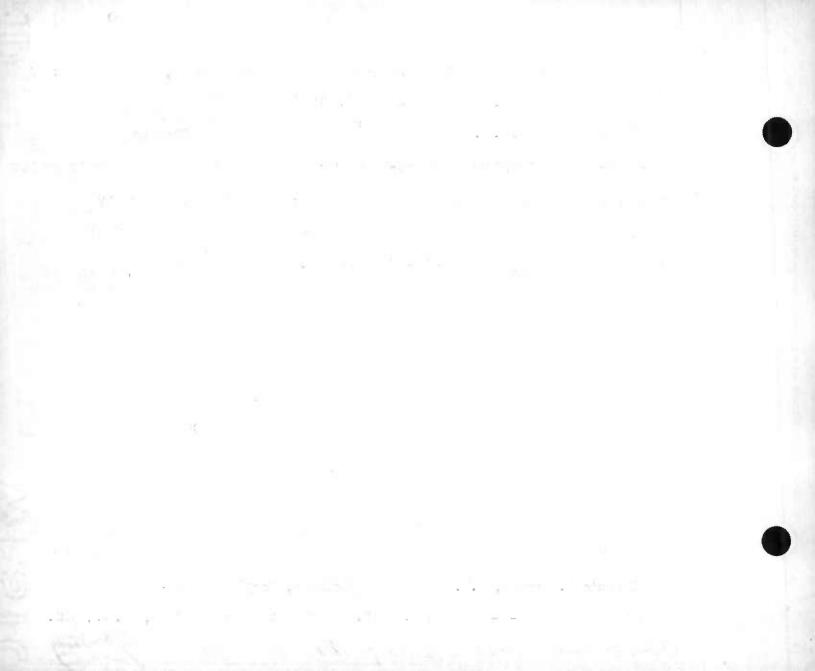
36	1.	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	3 2 0 8 8
)		CEASED NAME FIRST	MIDDLE S. DATE	HUKLEY OF BIRTH	20. DATE OF DEATH MONTH DECEMBER 16. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26. HOUR 14,1980 LP M 16 UNDER 1 YEAR 16 UNDER 24 HRS.
urs offe		Female.	Cay. Jur	H DAY YEAR	81 YRS	MONTHS DAYS HOURS MIN.
within 72 ho		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW	ED NEVER MARRIED DIVORCED	Charles.	MD.
potified o	6	APLATA.			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
er must be	13a. S	AL RESIDENCE (IF NURSING HOME OR 13b COUN		13d. INSIDE CITY LIMITS? YES NOY	130-STREET ADDRESS RET BOX20	51 B.
180 SC	14. FA		AIDDLE LAST Bowyer	15. MOTHER'S MAIDEN NAM FIRST Martha	WIDDLE	Kidd
ne medical	16a V	VAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 213-74-6633	Mrs. Lois Flo	wers Box 53,	Washington Highway
maval.		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and (c).) BY: E CAUSE (a) Undland	anut-		BETWEEN ONSET AND DEATH
remation, ar re		Conditions, if any, which gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQUENCE OF	Leut des la	ne	304
ry, ar off		underlying cause lost. PART 2 OTHER SIGNIE CANT C	ONDITIONS CONTRIBUTING TO DEATH BUT	not claride	INAL DISEASE OF CONDITION OF	GIVEN IN PART I'M
any injur	TION	190 DATE OF OPERATION				
18 shows or	CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	IN WAS PERFORMED	200 AUTOPSY? 20b. IF YES NO P	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES NO NO
ar Item 18 sl		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	de La Company	RED (ENTER NATURE OF INJURY IN ITEM)	8, PART 1 OR PART 2)
ked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
t, af Health m 21 is mar		27a. 1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not	ol) attended the deceased from	nd that in (my) (our) opinion	death accurred on the date and h	, 19 , that (1) (we) last aour and from the causes stated
He		22b. SIGNATURE	dd MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	14 Dec 80
with the State [ARTHUR (D. WOODDY.	Ba 430 LA	PLATA, MD.	20646.
> 5	23a. E	BURIAL, CREMATION, REMOVAL BURIAL	10 17 00	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE Va.
M 2/80 4)	24. FI	James C	Wright ADDRESS Sou		E REC'D. BY REGISTRAR 256. REG	

STATE OF MARYLAND



	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG CATE OF DEATH	REG. N	3 2	089
	1 DE	CEASED NAME FIRST OR PRINT)		MIDDLE	LA	ST	20 DATE OF DEATH	MONTH DAY	EAR 26 HOUR
	_	Robe	2.0	lson	Kytch		December 3		1:40A
6	3 SE	Male	Cau.		July	2,° 1921	6. AGE (IN YEARS LAST BIRT	YRS	DAYS HOURS MIN
2	70. B	RTHPLACE (STATE OR FOREIGN DUNTRY)	U.S.A	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIONORCED	BALTIMORE CITY O	ecounty of DEA harles	ATH ME
S Coffee	10 C	TY OR TOWN OF DEATH	Physic	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Lans Memo	G HOME OF	ROTHER INSTITUTION Hospital	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF PAINTER	SE WORKING THESE INIDI	IND OF BUSINESS OR
must be			ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE	Roat	134. INSIDE CITY LIMITS?	13. STREET ADDRESS General	Deliver	У
Nomine.	14. FA	THER'S NAME	WIDOLE	Kytche		Mary	ME MIDDLE	Gre	en
medicol a	1	VAS DECEASED EVER IN U.S	ARMED FORCES? GIVE WAR OR DATES) III II	166 SOCIAL SECU 228-12	RITY NO.	17 INFORMANT			PTV I AND
or other troumotic event, the		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	DUE TO, C	PR AS A CONSEQUE	ENCE OF	arcinema.	Rt lin	9-	
injury,	NOI	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO E	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART I(a)
S 2	CERTIFICATION	198 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY? YES □ NO 🄀	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
Hem 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE STREET, NOTIFY MEDICAL EXAM	FOEATH HOUR A		AY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART T OR P.	ART 2)
21 is marked ar I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.J	211 LOCATION STREET	CITY OR TOV	WN COUN	TY STATE
If Nem 21 is ma		270.1 certify that (I) (this to saw the deceased alivabave, (I) (we) (did) (did) 271. STONAL URL	e on All	,30 10		d that in (my) (aur) apinian		22c.	DATE SIGNED
±		220. PHYSICIAN'S NAME (T	YPE OR PRINT)	() hour	1110	ATTENDING PHYSICIAN [MEDICAL STAI DIRECTOR PHYSIC		12-30 80
Z-			Carcta	M.D.		LaPlata, M	aryland 2	0646	
APORTANT		Ignacio T.	Galcia,						
IMPORTANT: H		Ignacio T. Surial, CREMATION, REMO Seciety Surial		23c N		METERY OR CREMATORY t. Cemetery	234 LOCATION	ham, P.G	., Md.

STATE OF MARYLAND



3	1	1	FOR					ARYLAND	UVCIENT I		2 0	0	0	n
9	1	1-	STATE REGISTRAR			DEPARTMENT C DICAL EXAM				,	0 4	U	1	U
			CEASED NAME	FIRST		MIDDLE	TTER 3	LAST	20. DAT	REG. N	MONTH	DAY	YEAR	26 HOUR
	25 55 55 E	(TYI	E OR PRINT)	Micha	ael	Gene	Ma	ihan Tu	OF DEAT	ESTI-	12	4 10	80	
	RE COMPE	3. SE	(I. RACE	S. DATE OF BIRTH	YEAR LAST BIR	YEARS IF UN		R 24 HRS. 2c. DA	TE	MÖNTH	DAY		2d HOUR 9:01
	ON SERVICE	M	lale	White	March 9	,1962 18		DAYS HOURS	MIN: PRONO		12	4 19	80	P. M
	ESSA PREST	FC	RTHPLACE (STA		76. CITIZEN OF WI		8. MARRI	ED NEVER MAR	RIED 3 9. BALT	IMORE CITY	OR COUN	TY OF DE	ATH	VA TO
	PEUN W. W. W. W. P.		rth Ca		U.5.A		WIDOW			harles				MD
	A SHEE			PUEATH	(IF NOT IN SUCH FA	SPITAL, NURSING HO	(5)		Clerk		TPE OF WORK	126 KIND OR IN	IDUSTRY	Food
1	N P P P P P P P P P P P P P P P P P P P	USU		F IN NURSING HOME	OR OTHER INSTITUTION, GI	ans Memor	ISSION)		-			ulai	116	000
21201	AND		arylan	d Ch:	arles	White P	lains	13d INSIDE CITY LIMITS? YES NO 🖔	13e STREET ADD	RESS	58			
MD.	7. F. 3. 2. SH. 7. AL. R.	_	THER'S NAME					TS. MOTHER'S MAIL						
	SEAT PARTY		Mich	ael	G.	Maihos,	Sr.	Helen		WIDDLE	D	eMari	CO	
BALTIMORE	PAG FORM SNO	160 \	VAS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECU 216-86-		17. INFORMANT	LILES -	ADDRES				
BALI	S AF GIVE FAG IVISIO		NO				-62/6	Helen	T. Wack	same	88			
	MIT. VIE. DI		18 CAUSE OF PART I DEA	DEATH (Enter on TH WAS CAUSE	D RV.	for (a), (b), and (c).)						BETWEEN	N ONSET	AND DEATH
PRESTON ST.,	PER GIEN		010	IMMEDIA	IE CHOSE (O)	Multiple AS A CONSEQUENCE		es				-		
ES	ER A ER A ER A	17		s, if any, which								5 11 11		
` ≥	AIN OR B		cause (a) s	to immediate tating the under-		AS A CONSEQUENC	E OF				2			
. 201	NI PER		lying cause	e lost.	(c)							1 533		
RECORDS	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, REASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURBAL—TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 1/22 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET BALTIMORE, MARYLAND, 21/201 PRIOR TO BURBAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGN	HEICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE I	ERMINAL DISEASE	DR CONDITION GIVEN IN I	PART T (o).					
NE CO	MENT ASS	CERTIFICATION	190. DATE OF C	OPERATION	19b. CONDI	TION FOR WHICH O	PERATION W	AS PERFORMED?				20 AUT	OBSV2	
VITAL	PARE SEE	IFIC												NO 🗆
OF V	HE COBIL	1	210. EXTERNAL		21b. TIME OF	FINJURY MONTH DAY Y	2Tc. HC	W INJURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM I	8 PART I OR P/		85	110 🗓
NO	SEA POLITICAL DE LA PERSONA DE		CONTRIBUTIN	OR G CAUSE OF	DEATH 7:45P	M 12 4 19	30 Dri	ver in aut	to/auto in	npact				
DIVISION	CERT SEP	MEDICAL	21d INJURY OF	CURRED NOT WHILE I	21e PLACE O STREET, FAC	OF INJURY (AT HOME TORY, FARM, ETC.)	s	CATION	CITY OR	TOWN	cc	YTAUC		STATE
۵	THIS WARR PAGE 2120		WHILE AT WORK	AT WORK	x stre	et	Bil	lingsley F	Rd.& Rt.3)1 Wald	dord (Charle	es	Md.
	A PER S		22a. I certify	that I took charg	ge of the remains des	scribed abave, held a	Autap	y X Inspect	ian 🔲 , Inqui	ry 🔲c	and in my a	pinian		
	AND STEEL OF		death resulted	I Irdin Natu	ral causes .	Accident X.	Suicide	, Hamicide	Undetermined	manner				
	MAIN WAIN		ACTUAL	Was	to love	John .		TITLE (SPECIFY)	ant EDICAL EX		DATE	. 12	/5/8	80
	SET		SIGNATURE_	100			M	D. ASSIS	MEDICAL EX	AMINER	SIGNE	ED_12/	15/0	-
	GE 44 FER LITIM	-	EXAMINER'S N (TYPE OR PRIN	Mar	garita A.	Korell, 1	1.D.	ADDRESS 111 F	Penn St.,	Baltir	nore,	Md.		
	534548 _	23a.B	URIAL, CREMATI	ON, REMOVAL		23c. NAME OF	CEMETERY O	RCREMATORY	23d. LOCATION		CL COU	INTY	MASIA	TE
	BP		rial	OP	12-8-80	rini	ty Me	m. Garde	EREC'D. BY REGIST	orf,				•
	DHMH - 17		NAME		ADDRESS	ldorf, M	onul -		EC 1 1 198	1	STRAR'S S	Mach	so dy	
	(VR A15 ME (5)) 15M 2/80		III C CU	HELBI	TUILE, Wa	TOOTIL !	grane	114	POT 130	.0				

oneist teneral man, anidorf, Maryland DECL1 1900 - Trans

		FOR					ATE OF MARYL		8 0	3	20	9 1
	1-	STATE			DEF		FHEALTH AND		IENE O		2 0	
	1 050	REGISTRAR CEASED NAME	FIRST		MIDDLE	CER	TAST TAST	DEATH	REG. N		AY YEAR I	01 110110
		OR PRINT)		H	enry		******	VEL C	26. DATE OF DEATH	MONIN	AT TEAR	26. HOUR
			Char			Matthe			Decemb			4,56 M
	3 SEX	K	4	RACE			E OF BIRTH	YEAR	6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Male		Negr	•	Se	ptember	9,19	10 70	YRS		
10		RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUP	VTRY? 8.	RIED NEVER	MARRIED IX	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
L		Maryland		U.S.	Α.	WIDO	WED D	NORCED	District of	Ch	narles	MD.
	10. C1	TY OR TOWN OF DEAT	TH 1.1	. NAME OF	HOSPITAL, N	URSING HOM	E OR OTHER INS	TITUTION	120. USUAL OCCUPAT			BUSINESS OR
200	Tu	a Plata					ial Hes	spital	Painter			Emp.
	USUA	AL RESIDENCE (IF NURSIN	G HOME OR OT	HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSI	ONI				1 2011	Zp
75		ryland	Cha	rles	La P	Plata	13d. INSIDE C	NO 💢	Washing	ton A	venue	
-		THER'S NAME	CITA	1103	1 20 1	Idea		S MAIDEN NAM		COII A	venue	
CA	,	ames Bas	sil MIC	Matt	house	ST	N .	Vannie	WIDDLE	Wa.	11y LAST	
NO		VAS DECEASED EVER II				SECUDITY NO			ADDR		тту	
1		ES. NO OR UNKNOWN)	(IF YES, GIVE W		10.00						T - D1 -	
1		Yes			219-1	16-003	9 Agne	es t. I	Hemsley-N	lece-	La Pla	ya, Md.
		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only	one couse per	line for (o), (b), and ittl	-	-			APPROXIM	AATE INTERVAL
			MMEDIATE (400	nop	repes			10-11	15	nen
		1629		DUE TO, O	R AS CON	SEQUENCE O	. /		1		1000	
		Conditions, if ony,		((b)_	lu	no	any	rees		Mary Co	24	~
		gove rise to imme cause (a), stating		DUE TO O	R AS A CON	SEQUENCE O		001713	2 2 2	LOLE,	1	-0.00
5		underlying cause	lost.	(c)		01001	CEDAL					
	7	PART 2 OTHER SIGNI	IFICANT CO	NDITIONS CO	ONTRIBUTIN	G TO DEATH I	BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(0)	1
Э	NO	- R	-14	- 50								
-	CERTIFICATION	190 DATE OF OPERATI	ON	196 COND	ITION FOR W	HICH OPERA	TION WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED
1	Ē	none				11			YES TO NOT	IN CERTIFY YES	ING CAUSES C	OF DEATH?
0	ER	210. ACCIDENT WAS UNDE	RLYJNG -	21b. TIME C				JURY OCCURR	ED (ENTER NATURE OF INJU			
4		OR CONTRIBUTE CO	SE OF DEATH	HOUR A.	M. MONTI	0		VIA				
-	MEDICAL	(IF EITHER NOTIFY NEDICA	AL EXAMINER)	21e. PLACE	1. 11		9 211 LOCATI	ON	A POST OF THE PERSON NAMED IN			
	ME	WHILE Mark	A			SFFIRE EARM, ETC			CITY OR TO)WN	COUNTY	STATE
		AT WORK	P-4		V	1 2	110	· cet i	15/	5	00	
3		220.1 certify that (1) (ottended to	deceased (19 P C	death accurred an the d	ata and have		hot (I) (we) last
-5		above (I) (we)/c	di (d= not) v	iew the body	ofter death.	-17		(our) opinion c	dearn accorred an me a	are and nour		
	15	The Sport Tune	1		10		DEGREE	ATTENDING	MEDICAL STA	FF	22c. DATES	IGNED
	6	muco	IN	Kell	ul.	mo			MEDICAL STA	IAN 🗌	141	2/10
1		THE PHYSICIAN'S NA	ME CTIPE OR PI	RINT)			22e ADDRES	SS				
		Paul E.	Pri	tchet	t M.D		La	Plata.	Md.20646			
	23a. B	URIAL CREMATION, R		23b. DATE		23c NAME C	F CEMETERY OR	CREMATORY	23d. LOCATION		40.00	
	Bu	speciey)		12/1	7/80	St. M	atthews	s Meth	. Cem New			
	24 FL	INERAL DIRECTOR			10.00			25a PAH	BECAD BY BE GIETLAND	25b. DEGICTO	ansy your	Books
9.0	Ar	rehart Fu	neral	Home	, Inc.	-La P	lata, Mo	d. Di	POT 0 1990	7	/-	

Aruell Parish Marylen. In The Later and I the Later and I that the later and I the la Material Contraction of the general contraction of the contraction of There is the base of the contract of the contr TRANSPORTED AND DESCRIPTION OF THE CONTROL OF THE C Large removed rose, Tor. - To elegate the branch to the contract of

p	1.	FOR STATE REGISTRAR			DEI	PARTMEN	T OF HEA	F MARYLAND LTH AND MENTAL I ATE OF DEATH	HYGIENE	8 0	3	2 0	9 2
		CEASED NAME	FIRST		MIDDLE	-	LAST		20.	REG DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
e n	TYPE	OR PRINT)	-14	n		V.			D		. 11	1000	6:33A
à Ann	3. SE	Har	014	4 RACE	-	Ma 5.0	DATE OF E	BIRTH		ecembe Ge lin years last		1980 IF UNDER 1 YEAR	IF UNDER 24 HRS
(IVI)							MONTH 2-5-	DAY YEAR		72		MONTHS DAYS	HOURS MIN.
B	Ma	RTHPLACE (STATE OR FO	ar.a	Caucas i		NITRY2 9	2-3-	1900	0.0	ALTIMORE CIT	YRS.		
oth. P	C	OUNTRY)	REIGN	76 CITIZEN OF	WHAI COU	NIKI: N	ARRIED E	NEVER MARRIED		ALTIMORE CIT	OK COOM	IT OF DEATH	
P 5 4 6	In	diana	W	U.S.A			DOWED [-	Charl			MD
by the fu	10. C	TY OR TOWN OF DEA	TH	(IF NOT IN SUC	HOSPITAL, N	E STREET ADDRE	ESS)	OTHER INSTITUTION		USUAL OCCUP		LIFE) INDUSTRY	OF BUSINESS OR
2 22		Plata		-				ospital	R	etired		U.S.	Marine
d in be	13a S	AL RESIDENCE IF NURSI	NG HOME OF	ROTHER INSTITUTION	130 CITY OF			INSIDE CITY LIMITS	2 1130	STREET ADDRES	SS		
filled ould b	Ma	rvland	Char	les	LaP1a			ES 🔼 NO		oute 48	-		
를 수를 를 		THER'S NAME					15	MOTHER'S MAIDEN		117.7753			
mplete ond 2	3	FIRST	known	MIDDLE	LA	ST		FIRST	IIn	known		FA'	.ST
	16a V	AS DECEASED EVER I			16b SOCIA	L SECURITY	NO. 17	INFORMANT	UII		DRESS		
n ond co	(7	ES, NO OR UNKNOWN)	I IF YES, GIV	E WAR OR DATES)									
ician ers.P		Yes				30-117	8	Nettie M.	May-	wire		ANDRESS	VINALYE IS IVERWAL
		18 CAUSE OF DEATH PART I, DEATH W.	H Enter or	nly one couse per	line for (o),	(b), and (c)		. 0.				BETWEEN	ONSE AND DEATH
phy: on pol emay				TE CAUSE (o)	pu	ems	nar	y ec	no			- C -	ne
th ce carb , ar r		5100		DUE TO, O	RASACON	SEQUENCE	OF	^					
death otendian, a troumat		Conditions, if ony,		(6)_	m	rece	in	onea				-	
0 0 0 =		gove rise to imm		DUETO	R AS A CON	SECHENICS	OF		# 11 E	EU A			
that the		underlying couse		100210,0	AS A CON	The state of	ec	Casas					
o o o		PART 2 OTHER SIGN	HEICANT	CONDITIONS CI	ONTRIBLITIN	G TO DEAT	H BLIT NO	OT RELATED TO THE T	FPMINAL	DISEASE OR CI	ONDITION G	IVEN IN PART 1	(n)
signi signi hen p to bu	Z	wat	ores	luc	-1	lan	ne	town	1	DIOLINOL OIL C	3,,0,,,,,,,,		
rior I	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ILION FOR V	VHICH OPE	RATION	VAS BERGERARES	1/12	On. AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED
os bos poerm	F	11/25/	100	str	anne	ilai	Tel	malent			IN CERT	TIFYING CAUSES	S OF DEATH?
The te h	E	210 ACCIDENT WAS UND	FRINKS F	216. TIME C	T INTUING	10000	12	It HOW INJURY OC		ES NO		YES 🗌	ио □
SICIAN: The physicial certificate rial-tronsit ental Hygin tem 18 sha		OR CONTRIBUTING			M. MONT	H DAY	YEAR	A A	LURRED	(ENTER NATURE OF I	NJURY IN ITEM 18	, PART 1 OR PART 2}	
IYSICIA ding pl is certif burial-t Mental or Item	S S	I IF EITHER, NOTIFY MEDICA	L EXAMINER	P.	.M.	A	19		A				11 6 15 15
HY Signature of A Market	MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY	OFFICE FARM		IL LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
DING P or offer the as the alth and morked	5	AT WORK AT WO	RK C		11		cre.,	NIH	-				
DIN or Aff		220.1 certify that (I)	(this hosp	ital) attended th	ne decepsed	from	1/2	9 19	20	to 12/1	1	19 50	that (I) (we) lost
ATTENI ospitol ECTOR: d for us t. of He m 21 is	-	sow the decease above, (I) (we) (d				19	ond t	hot in (my) (our) opir	nion deot	occurred on the	e date and he		- 1
		obove, (I) (we) (d	lid) (did no	ot) view the body	ofter death.		DEC	GREE				22c. DATE	SIGNED
OR he had be been been been been been been been			0/1	Dorl	Let	1	MI		G M	EDICAL S	TAFF	12/	esta
			700	1/100	7000			PHYSICIAI	N COI	EDICAL S RECTOR PHY	SICIAN .	1.4	1/80
HOSPITAL ned by the FUNERAL side be detected to the State ORTANT:		22d. PHYSICIAN'S NA	ME ITYPE C	OR PRINT)			2	Ze ADDRESS					
		Paul E.	Pri	tchett	, M.D			La Plat	a, N	farylar	d		
To of shoot of the	23o. E	URIAL CREMATION					E OF CEM	ETERY OR CREMATO		3d LOCATION			
BP	(mova1		12/12/	80			wn Med. So		CITY OR TOWN	ington	D.C.	STATE
	24 E	INERAL DIRECTOR		1		A 1	. 11	A 22210 PM	DATERE	Fo. BHR BISTR	AR PORTON	THE STATE OF THE S	terefor
DHMH - 16 50M 1/76 ** (VR A 15 (4))	M	NAME TODOLITA	n Fran	eral co	rvice	5517	Vine	Street	P.T.	0.1000	1	-	/

2027510 . 7. . 2.7 11 Styricians inmortal confine Contral .2.3 r www.n 214-30-1378 Norman M. May will on 12/12/80 | Cherry town Med. School Franking on . . during and the solves branch multimostal

-		1	FOR			DEDARTA	STATE ENT OF HE		ARYLAND		unitin ()	- 9	0	and a	73	
6		1-	STATE REGISTRAR				XAMINE					REG. NO	des	U	7	3
			CEASED NAME	FIRST		MIDOLE	_		AST		2a DATE K	NOWN F		OAY	YEAR	26 HOUR
	3 % % % F.	(13	E OR PRINT)	Eliza	beth	Ann		McM	leans		OF DEATH /	ESII-	12	23	1980	
	PLEASE ECTOR. FILES. OURS TREET,	3. SE	4. RA		5. DATE OF BIRTH	6	AGE (IN YEARS	IF UND	ER 1 YR. IF	UNDER 24 H		1	MONTH	DAY	YEAR	29. HOUR 4:55
	Z7258	E	emale W	Thite	Nov. 15	. 39	41 YRS.	MONTHS	DAYS H	OURS MIN	PRONOUNG DEAD	ED	12	23	1980	4:55 PM
	张禄第一	7a. B	RTHPLACE (STATE OF	urre	76. CITIZEN OF W	HAT COUNTR	V2 I				9. BALTIMO	RE CITY O		TY OF D	EATH	PM
			reign country)		U.S.A			MARRIE	D X NEVER			rles	Coun	tv		
	IS NEED S	10. C	TY OR TOWN OF DE	ATH	II. NAME OF HOS	SPITAL, NURS	ING HOME, C				. USUAL OCCUPA	ATION (TYPE	OF WORK	12b. KIN	ND OF BU	SINESS
	ALA EROLL	1.2	Plata		Physici:			Hos	nital	Н	omemake				n Ho	
=	SED BULL	USU.	AL RESIDENCE (IF IN N	IURSING HOME OR	OTHER INSTITUTION, G	IVE RESIDENCE BEI	FORE ADMISSION)							UW	טיי וו	III E
21201	A CHIEF AND A	130. 3	Md.	Char		Indi	an He		3d INSIDE CITY (7 Fairn		Pla	0.0		
MD.	7. IF	14. F.	ATHER'S NAME	TOTTOT					S. MOTHER'S		IAME		1 10			
	F 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	uther		WIDDIE	M	orqan		Mae		MID	DIE	umb		LAST C	
o s	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	16a \	VAS DECEASED EVE			16b. SOCIA	L SECURITY N		7. INFORMAL			ADDRESS			nt P	7
BALTIMORE,	A SE SO SISSO	()	NO, OR UNKNOWN)	(IF YES, GIVE W	'AR OR OATES)	219-	36-85	73	Pavid	L. M	cMeans,	-	ian	He		Md
	B. B. WITI		18 CAUSE OF DEA	TH (Enter only	one couse per line	for (a), (b), a	end (e).)					*110	TOIL	AP	PROXIMATE	INTERVAL
V ST.,	NE N		PART I DEATH V	MAC CALICED	CAUSE Card									BETW	EEN ONSET	AND DEATH
201 W. PRESTON	AZ Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		4354	IMMEDIATE		AS A CONSE		-							7 10	
P. B.	N NS		Conditions, if	ony, which	(b)									100		
×	OR TREAM		couse (a) statir	ng the under-	<	AS A CONSE	QUENCE OF									
201	EXA EXA		lying couse los	<u>†,</u>	(c)											
DS,	CATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECES IN WORD." PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNKE THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5, OG JUD BE USED AS A BURRAL. "RANSIT PERMIT. PAGES I AND 2 SHOULD BE FILED, INITIAL MACH TO FHEATH AND MENTAL HYGINE, DIVISION OF VITAL RECORDS, 201 WIPP. TO BURRAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICA	INT CONDITIONS CO		BUT NOT RELATED	TO THE TERMINAL	DISEASE O	R (DNDITION GIT	VEN IN PART 1 II	0					
RECORDS,	BE ENDING	20														
<u>ec</u>	L. O. HEAD	CERTIFICATION	19a. DATE OF OPER	RATION	196 CONDI	TION FOR WI	HICH OPERAT	ION WA	SPERFORME	D?				20 A	UTOPSY?	
OF VITAL	子の当 い う う う う う う う う う う う う う う う う う う	Ę												Y	ESX	NO 🗆
7.	O BE	1 2	21a. EXTERNAL CA		216. TIME OF	FINJURY	AV VEAD	21c. HOV	W INJURY OC	CURRED (E	NTER NATURE OF INJUI	RY IN ITEM 18 PA	ART 1 OR PA			
	CERTIFICATE WITH THE WORD THE WORD TO THE DEPARTMENT OF THE DEPARTMENT OF THE PRIOR TO THE THE PRIOR TO THE P		UNDERLYING CONTRIBUTING	OR CAUSE OF DE			I9									
DIVISION	THIS CERTIFIC , WRITING TH WARDED TO PAGE 3 SHOU STATE DEPART 21201 PRIOR	MEDICAL	214 INJURY OCCU	RRED	21e PLACE	OF INJURY	AT HOME,	211 LOCA								
ā	ARPIN OF INTE	E	WHILE NO	T WHILE	STREET, FAC	TORY, PARM, ETC.)		SIR	EE1		CITY OR TOWN	•	COI	UNTY		STATE
	INER: THIS CERTIFICATE SHE WOR ICATE, WRITING THE WOR FORWARDED TO THE CHANGE PAGE PAGE AND BE UTHE STATE DEPARMENT O AND, 21201 PRIOR TO BUR				of the remains des	seibad abassa	halden	Autopsy	X In] [
	A SUBLE A	Ι.	deoth resulted fro		couses x	Accident [Suicid			spection L	Inquiry L		in my op	inion		
	NE D BI		deoin resulted to	III: INDIDIG	reduses Lat,	Accident		е Ц.	Homicide		Indetermined man	ner,				
	MAN THE STATE OF T	1	ACTUAL SIGNATURE	10	ZANA	da .		44 D	Assist	tant	MEDICAL EVALUATION	150	DATE	_ 12	2/24/	80
	ZHR ZH		SIGNATURE	Junia	7 - 7 - 7			M.D			MEDICAL EXAMI	JEK	SIGNE	D		
	E E E E	-	EXAMINER'S NAMI (TYPE OR PRINT)	Vi	rginia L	. Dolar	n, M.D.	10	DDRESS		111	Penn	Stre	et		
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23a. B	URIAL, CREMATION.	REMOVAL 23b	DATE					, 23	Bd. LOCATION					
	BP	(Buria	1 1	2-27-80	Tri	me of cemen	Mem.	. Gar	dens	Waldor	P	Chi		STA M	d.
	DHMH - 17	24 F	UNERAL DIRECTOR		ADORESS				25a.	PATE RECH	P. BY REGISTRAR		BAR S	100	RE	20.5
	(VR A15 ME (5))		Huntt Fu	neral		Waldo	rf. M	d.		DEC :) T 1300		1	-	7	ž.

the first particle armove tell from the entremation of the contraction Tanoisano come de la compansión de la co Tiple . The Train of the Lordens of the Court, a line of the Land of the Court of t THE PARTY OF THE P

				FOR	DEPART	STATE OF MARY MENT OF HEALTH AND		NE 8 0	3 2	0 9	4
	1	1	1 -	STATE REGISTRAR		CERTIFICATE OF	DEATH	REG. NO			
	(RA)			CEASED NAME FIRST	WIDDLE	LAST	12		MONTH DAY	YEAR 26 HOL	UR
1	CIVE		(TIPE	James	Thomas p	rter Jr		December	11. 19	80 111	: 45P
	2		3. SEX		4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTH	(DAY) IF UNDI	ERIYEAR IF UNDER	R 24 HRS
=1,	ige 4 rectoi urs of	44		Male	Caucasian	Septembe	r 9, 19	09 71	YRS.		Milia
	h. Pa 2 hou	35	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER	MARRIED -	BALTIMORE CITY OF	R COUNTY OF DE	EATH	
	death. uneral hin 72			est Virginia	U.S.A.	The state of the s	DIVORCED	Charle			MD.
5	by the functiled within	o X		Plata	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Physicians M	T ADDRESS)	(20 USUAL OCCUPATH TYPE OF WORK FOR MOST OF U.S. GOV	WORKING LIFE) IN	KIND OF BUSIN DUSTRY	IESS OR
BALTIMORE, MARYLAND 21201	filled in auld be	E must be	USUA	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) 13d INSIDE YES X	CITY LIMITS?	waldorf,	Box 29	3 601	
ARYLA	mpletely and 2 sh	Nomine 10		THER'S NAME FIRST	T. Porter	S. MOTHER	r's MAIDEN NAME	MIDDLE	Ad	ki ns	
ZE, M	5 0	0	Ián V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC			4513 1911			
WO	n and poges	medi	{Y	ES NOOR UNKNOWN) (IF YES, GIV	577-36	2575 Fay	Beasley	, Chester			
W. PR	that the death certificated by the attending phease remaye carbang	or other troumptic ever		Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU	DENCE OF	lnang l	g hun	2		
DS, 2(signe signe hen pl	llory, o	N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	ED TO THE TERMIN	AL DISEASE OR CONE	DITION GIVEN IN	PART Ital	
LRECOR		2 2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERF	FORMED	200 AUTOPSY?		E FINDINGS USE CAUSES OF DEA NO [ATH?
OF VITA		9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH		INJURY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR	PART 2)	
DIVISION OF VITAL RECORDS, 201		rked or ife	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCAT	TION	CITY OR TOW	N CO	unty s	STATE
0	pital or DITOR: Affor use a of Health	a w 51 1.5			of Miles the bady after death.	80, and that in (m	19 <u></u>	ath occurred an the do	16	fram the couses si	(we) last
		II. If Ifen		22b. SIGNATURE	J Bushe A	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	F	2. DATE SIGNED	
	TO HOSPITAL retained by the TO FUNERAL should be detined with the State	MPOKIAN		Henry L. H	Burke, M.D.	22e. ADDR		Marylan	d 20646		
	sho of s	₹	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OF		23d. LOCATION	D . HOUSE		TATE .
	BP			Burial	12-14-80 N	ewville Me		5 1980		Madling	1018
DH	MH - 16 50M 1/76		24. FU	UNERAL DIRECTOR	ADDRESS,	1/7 - OF 1/4		REC'D. BY REGISTRAR	75h REGIS RAR'S	SIGNATURE	

ening and a contract of the co La llera Physicana Newartel completell. Land La no. Wheeles twilden x relamin, and 20001 mortion Tellist to telling I gard. PERSON OF THE CONTRACT OF THE to the fact of the HUNST FUNGERY HOME, WALTER MD. injury, ar other traumatic event, th

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 0

3 2 0 9 5

	1-	STATE REGISTRAR			DEPARTM		ICATE OF DEAT	H	REG. N	٥.		
		CEASED NAME	FIRST		MIDDLE	ı	AST		20. DATE OF DEATH	MONTH E	DAY YEAR	26. HOUR
			JOHN	4	pandolph	R	RIDGELY	X7.4	DECEMBER	.20	1980	7:351
	3. SEX			4. RACE		5 DATE C		EAR '	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
		MALE	SV:303	WHI	re	FEB.	16 19		75	YRS.	AONING DATS	HOORS MIN
4		RTHPLACE (STATE OF	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVED MADDI	IED 🗆	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
1		SH. DC	77.16	U.S.A.		WIDOWE	D NEVER MARRI		CHA	RLES		N
1		TY OR TOWN OF DE	ATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION		120 USUAL OCCUPATI			F BUSINESS O
	L	A PLATA	10000	PHYSI	CIANS ME	MORI	AL HOSP	ITAL	MFGR REP	F WORKING LIFE		acturi:
Ī	13a. S	AL RESIDENCE (IF NUI	RSING HOME OR		GIVE RESIDENCE BEFORE		A LOUIS DE CUEVA LA	*******			Manue	Section Co.
6	130. 3	MD.	CHAF		WALDORF	N	13d. INSIDE CITY LIV		2727 PINE	T COOL	RTVE	
	14. FA	THER'S NAME					15. MOTHER'S MAIL		ΛE	TOOD D		
Ĉ		JOHN	R.		DGLEY		ANNIE	E	WIDDIE		UBACH	1
		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	D4	ADDRE		477 7	
		NO		•	184-03-43	328	rus Elair	ne KI	dgley Wife	AS	# 13 E	
		18 CAUSE OF DEA	TH (Enter an	ly ane cause per	line for (g), (b), ago	3 (61.)	C				APPROXI	OHSET AND DEATH
		PARTI, DEATH		E CAUSE (b)	(,10						12	nuos
		4260		DUE TO O	RAS ACONTOLE	NA OPA	last o		1. 00/			
		Conditions, if an	y, which	((b)_	John John	10	undi	ua	con	235		
3		gove rise to in cause (a), stat		DUE TO O	RASACON	delle	lind	-	Mo	9157	E GOW	
		underlying cous	se last	(10)	10	gove	un	- 6	100-			
		PART 2. OTHER SIG	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	HE TERMI	NAL DISEASE OR CON	DITION GIVI	EN IN PART 10	21
	CERTIFICATION											
	CAT	19a. DATE OF OPERA	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		, WERE FINDIN	
4	TIFE								YES NO			NO 🗌
3	G	21a. ACCIDENT WAS UP			FINJURY M. MONTH DA	V VEAD	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	ART 1 OR PART 2)	
П	AL	OR CONTRIBUTING		1119		19						
	MEDICAL	21d. INJURY OCCUI		21e. PLACE			211 LOCATION		CITY OR TO	WN	COUNTY	STATE
	×	AT WORK AT W	ORK	(AT HOME ST	REET, FACTORY, OFFICE, FA	ARM, ETC]	STATE		160	/	do	31112
		220.1 certify that (l) (this hospit	al) attended th	e deceased from	0	, 19	19	10	-10	19/10	that (I) (we) lo
	1	sow the decod		I) view the bady	olter death	, ar	nd that in (my) (aur)	opinion d	leath accurred an the de	ate and hour	r and fram the	couses stated
		77L SIGNATURE	///	1	1		DEGREE			El CIV	22c. DATE	SIGNED
		15/	100	ulu	is we	مل	ATTEN PHYSI	DING	DIRECTOR PHYSIC	IAN 🗆	11/1	20-60
		22d. PHYSICIAN ST	LAME (TITE O	RPRINT			22e. ADDRESS			enue		
		EDWARD	J EDE	LEN. M	I.D.		T,A P		A, MARYLA		0646	
		URIAL, CREMATION		23b. DATE		IAME OF C	EMETERY OR CREMA		23d. LOCATION		-	
		SPECIFY) CREMAT		DEC.			HILL CREM		CITY OR TOWN	NTD.	COUNTY	STATE
	24 FL	INERAL DIRECTOR	1011	DEC.		DOAK			SIITTT A		EAR'S SIRNAT	MD
	, F	os. Gawlers	Sons	5130 Wi	sconsin ADDRESS	Av. W.	20016	DEC	24 1980	prop	my Mel	ready
	- 0						~~***	0-			-	

DHMH-16 30M 2/80 (VRA 15, 4)

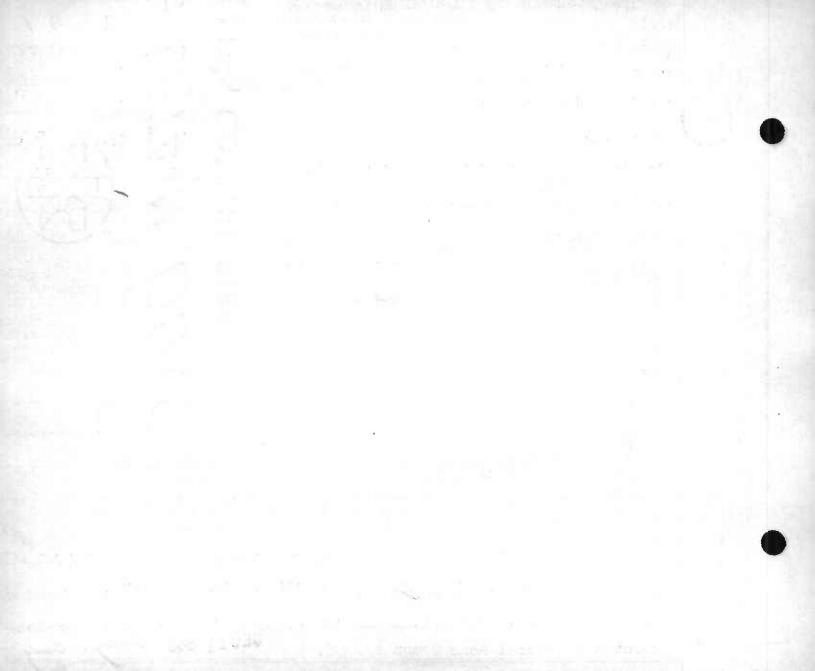
BP.

t to di novi entit o

1,	FOR STATE		TE OF MARYLAND HEALTH AND MENTAL HYC	SIENE ()	32	0 9	6
	REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICATE OF	DEATH REG	NO.		
	ECEASED NAME FIRST	WIDDLE	LAST	24. DATE KNOWN OF ESTI-	94	DAY YEAR	2b. HOUR
2.05	John	Wayne	Simms	DEATH MATED	_ \	6 1980 DAY YEAR	M
3. SE		ATE OF BIRTH DAY YEAR 6. AGE (IN YEAR LAST BIRTHDAY YEAR 27 YEAR)	Y) MONTHS DAYS HOURS M	HRS. 2c. DATE IN. PRONOUNCED DEAD	12	6 1980	10:25
7a. 8	BIRTHPLACE (STATE OR 7b. (CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	1. BALTIMORE CIT	Y OR COUNTY		111
	OREIGN COUNTRY)	11.5.A.	WIDOWED DIVORCED	Charles	County.		AAD
-	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUTION 12	USUAL OCCUPATION FOR MOST OF WORKING (IFE)		OR INDUST	
-		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Physicians Memor					
	AL RESIDENCE (IF IN NURSING HOME OR OTH STATE 136 COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS? 13	STREET ADDRESS	/		
-	MD, CHAR	LES BRYANS R	UAN YES X NO .	1.0.Box 11	4		
14. F	ATHER'S NAME	DOLE LAST	15. MOTHER'S MAIDEN	NAME MIDDLE		LAST	
74	JOHN	LUHITTINGTO	MARIE		51	MMS	
160.	WAS DECEASED EVER IN U.S. ARMED I		NO. 17 INFORMANT	ADDR	P.O. B	6×11	4
1	INKNOWN		UELORES (J. SIMMS	BRYAN	SRA	MA
	18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	e couse per line for (o), (b), ond (c).)				APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
	IMMEDIATE CA	AUSE (0) Arteriosclero	otic cardiovascul	ar disease			
	1272	DUE TO, OR AS A CONSEQUENCE O	OF .				
_	Conditions, if ony, which gove rise to immediate	(b)	28 2 1 1 1 2 12				
	couse (o) stoting the under-	DUE TO, OR AS A CONSEQUENCE C)F	DUST E. L.			
	lying couse lost.	(c)					
~	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIVEN IN PART 1	(0).			
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATIONI WAS PERFORMED?				
ICA	THE DATE OF OPERATION	178 CONDITION FOR WHICH OPER.	ATION WAS PERFORMED?			20 AUTOPSY?	
RTI	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	Tat. However and			YES 🔀	NO 🗆
AL CE	UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEA	A 18 PART 1 OR PART 2)		
MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME.	211. LOCATION				
ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY		STATE
	22a. I certify that I took charge of t	the remains described above, held on	Autopsy X, Inspection], Inquiry [],	and in my opinio	on	
	deoth resulted from: Natural co			Undetermined monner],		
		/-	TITLE (SPECIFY)				
	ACTUAL SIGNATURE	ia IDolda	M.bAssistant	MEDICAL EXAMINER	DATE	12/10	1/80
	SIGNATURE		M.U(133131411	MEDICAL EXAMINER	SIGNED_		1/01
wan.	EXAMINER'S NAME (TYPE OR PRINT)	rginia L. Dolan, M	.D. ADDRESS 111 P	enn St. Ba	alto., M	D.	
	BURIAL, CREMATION, REMOVAL 236. D.	ATE 23c. NAME OF CEA	AETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	ST	ATE
	BURIAL 12	2-12-80 HARMON	VY MEM. LORK	LANDO	VER	MO	
24 1	FUNERAL DIRECTOR	ADDRESS	D.C 25g, DATE REC	D. BY REGISTRAR 256. R	STRAR'S SU	VATARE -	
R	OBJE MASON	1661- 6000 1to	AERO.	U ISIOU	- The state of	7	

The grant of a second records the Level Contract Article States States Contract Co A Supplier of A. A. LOST - MINES - MERT - SENTER - TOOL

	5		FOR STATE REGISTRAR	10-22 F1	LLM G	DEPA	ARTMENT OF AL EXAMIN	HEALTH	AND ME	ENTAL HY		0	3	2	0	9	7
		1. DI	CEASED NAME	FIRST		MIDD			LAST	CAILOF		DATE KNO	REG. NO.	MONTH	DAY	YEAR	2b. HOUR
	W 21.69 L		PE OR PRINT)	Elain				-					TI-	10			ze. HOOK
	PIEASE CTOR. FILES. FREET,	3-SE	ulah × 14	RACE	5 DATE OF	BIRTH	6. AGE (IN YE		homas DER I YR.	IF UNDER 24		DATE		ONTH	5 T9	YEAR	2d. HOUR
	N S E E	E	emale	Black	MONTH	DAY Y	L LAST BIRTHD	AY) MONTH				NOUNCEL		10	-		8:14
	NAME OF THE PARTY	7 o. E	SIRTHPLACE (STA		Jan.	12,51	OUNTRY?	RS.	770		9. B		CITY OR C	COUNT		9 80 I	W
	Ba TERMA	#1	oreign country) Marvlai	. A		USA		WIDOW	-	DIVORCED							
	SES SES		ITY OR TOWN C		II. NAME (OF HOSPITAL	, NURSING HOM				120 USUAL	OCCUPATI	S COUL	WORK 1	126 KIND	OF BUS	MD.
3110	504	2	La Plata				S Memori	al Ho	cnita	,		of working			Pri	VDUSTR'	
=	Y DEL	USU			R OTHER INSTITU	JTION, GIVE RESID	DENCE BEFORE ADMISS	ION)					111		PLI	vace	-
MD. 21201	A ANGELO SECONDAN		ryland				Forest	vi 11	YES ST	NO [3 2 3 7 V	address Valt <i>e</i>	rs L	ane	Ap.	+ . 20	03
9	1. IF 2. S. 2. S. 1.		ATHER'S NAME		MIDDLE	71 900		V 1 1 1		R'S MAIDEN				<u> </u>			
RE,	DEATH.		Leo Woo	ndland	MIDDLE		LAST					MIDDLE		W	ood	51	
WO	PAGORA	160.	WAS DECEASED	EVER IN U.S. ARA	AED FORCES	5? 16b.	SOCIAL SECURIT	Y NO.	Agne 17 INFORM	MANT		A	DDRESS		<u> </u>		
BALTIMORE,	XECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DE NG" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND STORE EVAINING ALONG WITH FORM PM. 3. RETAIN CHARLA-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BAND MENTAL HYGIENE, DIVISION OF VITAL RECORDS ANTION, OR REMOVAL.	L	_NO	(11 120, 0112	TAX OR DAILS,	2	220-62-	7548	Walt	er M	. The	omas	For	est	vil:	le,	Md.
	OURS AF 18. GIVE 5. WITH I		18 CAUSE OF	DEATH (Enter anl	y ane cause					`					APPRO	OXIMATE I	NTERVAL AND DEATH
N S	ERW FERM AL		199	TH WAS CAUSED IMMEDIAT	E CAUSE (a)	Me	etastati	car	cinoma	a to b	rain						
ESTO	ALC		1-11		DUE	TO, OR AS A	CONSEQUENCE	OF									
201 W. PRESTON ST.,	AN SEL	-	gave rise	, if any, which to immediate	(b))											
*	APPEN YOU		lying cause	tating the <u>under</u> -	DUE	TO, OR AS A	CONSEQUENCE	OF									
	NO AND				_ (c)												
CORD	SEAT A SUID SE	NO	PART 2 OTHER SIGN	IIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT	T RELATED TO THE TERA	NNAL OISEASE	OR CONDITION	GIVEN IN PART	1 (a						
. 2	HEA ALL	CERTIFICATION	190. DATE OF C	PERATION	19b. C	CONDITION	FOR WHICH OPER	ATION W	AS PERFOR	MED?					20 AUT	OPSY?	
ATI/	WORD WORD AF CHIE ENTOF	E			40										YES		NO 🗆
DIVISION OF VITAL RECORDS,	A HOUSE		210 EXTERNAL UNDERLYING CONTRIBUTING	4000	HOL	IME OF INJU UR A.M. MOI P.M.	IRY NTH DAY YEAI	21c. HC	W INJURY	OCCURRED	LENTER NATUR	RE OF INJURY II	N ITEM 18 PART	1 OR PART	2)		
VISS.	CERTING FING 3 SHO DEPA	MEDICAL	21d. INJURY OC	MOTALLIA	STR	PLACE OF INJ			TREET		CIT	Y OR TOWN		COUN	LITY		STATE
ō	WRI WRI ARE ATE	1		NOT WHILE C							CII	T OR TOWN		COUR	411		STATE
	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PR			that I took shared	of the remo	-	4 - //	Autaps	Hamic	Inspection I		nquiry		ту аріг	nion		
	CALEX THE CEI THE CEI		ACTUAL SIGNATURE_	Ch	ouro	1/7	mest	M.	TITLE (SF Deput	pecify) ty Chia	⊕ ÆEDICAL	EXAMINE	R	DATE SIGNED	12/	7/80)
	MEDIA UNE WOE	2	EXAMINER'S N	AME Tha	mac D	Cm:+L	hM.D.			III De	nn C±		D-	1+-	MAD		
	PAGE AFTE	23c F	TYPE OR PRINT	ON, REMOVAL 2:			23c. NAME OF CE			III Pe	IND ST		ва	lto.	MID		
		(urial								CITY OR TO	NWN	250	COUNT	Υ	STAT	TE
2101	BP		UNERAL DIRECT		ec.	10,001	St. Jo	seph	SC	COM DATE	Pomf	SISTRAR 2	Sh REGIST	100	SNATUR	ry	and
2101	DHMH - 17 (VR A15 ME (5))	T	hornton	n's Fun			Pomonke			n	PEUL	1 198(M	open	yho	3 Cres	da
	15M 2/80							4 / -					-	-			-



41	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEU 3 2 0 9 8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. MIDDLE LAST 120. DATE KNOWN BO MONTH DAY YEAR 126 HG													
H ni		CEASED NAME FOR PRINT)	LYELL		AIDDLE LAST 20. DATE KNOWN OF ESTI-								76. HOUR				
(4)		4. RAC		5. DATE OF BIRTH ANDITH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN. PRONOL DEA						1	2 1.7	7 1980	9:10 p M				
NECESS FUNERA S FOR WITH	FC FC	Virginia		76. CITIZEN OF WHAT COUNTRY? U.S.A. MARRIED NEVER MARRIED WIDOWED DIVORCED Charles Cou								nty MD					
DELAY IS 1 TO THE P N PAGE 1 BE FILED, 201 v		TY OR TOWN OF DE	ATH	11. NAME OF HOS	PITAL, NURSING	DDRESS)		FOR MOS	OCCUPATION OF WORKING	N (TYPE OF W	ORK Se	Searvoice Station					
ANY AND 3	130 S	L RESIDENCE (IF IN NI	URSING HOME OF 13b COUNT Charl	OTHER INSTITUTION, GIV	13c. CITY OR T	ADMISSION)	13d INSIDE CITY LIMITS?	13d INSIDE CITY LIMITS? 13e STREET ADDRESS									
RE, MD.		THER'S NAME	Wash	ington	Thri	ft	15 MOTHER'S MAID Eunice	DEN NAME			nkins						
BALTIMORE, S AFTER DEA GIVE PAGES GIVE PAGES THE FORM PAGES I AN IVISION OEV		AS DECEASED EVER	(IF YES, GIVE W	(AR OR DATES)	16b. SOCIAL S		17. INFORMANT	Same as			line						
S AF S AF GIVE IVISI		Yes	Kore	an ane cause per line		0-5809	Dennis L	Thi	ift	#1.	3	APPROXIMATE	Son)				
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDICAL EXAMINER ALONG WITH FORM PAGE 4. SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 1. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES I AND 2. SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES I AND 2. SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES I AND 2. SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES I AND 2. SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES I AND 2. SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES I AND 2. SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES I AND 2. SHOULD BE USED AS A BURIAL. CREMATION, OR REMOVAL.	N	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia by hanging Canditions, if any, which gave rise to immediate couse (a) stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).															
SHOULD B ORD "PEN CHIEF ME E USED AS T OF HEAL	CERTIFICATION											20 AUTOPSY? YES NO X					
DIVISION OF VITAL RECORDS, 201 W. THIS CERTIFICATE SHOULD BE EXECUTED W. WARDED TO THE CHIEF MEDICAL EXAMIT PAGE 3 SHOULD BE USED AS A BURIAL - IR ATE DEPARTMENT OF HEALTH AND MENT 21201 PRIOR TO BURIAL, CREMATION, OR	MEDICAL CER		OR CAUSE OF D	P.M.	MONTH DAY 12-17- DE INJURY (ATIONY, FARM, ETC.)	YEAR 1980 S1 HOME, 21f LC	DE INJURY OCCURR Thict hans STREET THE TREET THE TR	ged sel	Lf.		COUNTY	Charl	state es Md				
CAL EXAMINER: 1 THE CERTIFICATE, SHOULD EF DEP. PATH, WITH THE ST RE, MARYLAND, 2		220. I certify that death resulted from ACTUAL SIGNATURE		of the remains described to the remains descri	ribed obove, he	Suicide \(\sum_{\text{\tin}}\text{\ti}\text{\texi{\text{\texi\tint{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\texi}\tint{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\ti}\text{\text{\texi}\text{\text{\texit{\texi}\text{\text{\texi}\tint{\text{\texi}\text{\texi}\text{\texi}\text{\text{\texi}		Undetern	Inquiry ,	<u> </u>	ny apinion ATE 1 GNED 1	12-18-	80				
O MEDIC EXECUTE PAGE 4 S O FUNE SALTIMOI	Mah.	EXAMINER'S NAME (TYPE OR PRINT)		n M. Dixo			_ADDRESS		111 Pe	nn St	•						
BP	(5	JRIAL, CREMATION, PECIFY) Burial		2-20-80		offenety (ch Cemi	owedaptis etery	mar	saw,	Virgi			ATE				
DHMH - 17 (VR A15 ME (5))	-	INERAL DIRECTOR NAME LINTT FUN	eral	Home W	aldorf	Marv		DEC 2	2 1980	b. REGISTP	R'S SIGN	Melle	ody				

2003

14 ST 15 ST

The state of the s

VILLE OF THE STATE OF THE STATE

1	1-	FOR • STATE REGISTRAR	DEPA	RTMENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 0	3 2 0 9 9
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	AND REAL PROPERTY AND ADDRESS.
25		Frank	Ervin		akly	Dec 31	1980 _M
	3. SE	male	white	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
7	10. CI	IRTHPLACE (STATE OR FOREIGN COUNTRY) III.	76. CITIZEN OF WHAT COUNTS U.S.A. 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	MARRIE WIDOWS		9 BALTIMORE CITY OR CO Dorchest 126. USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORK	er MD 12b. KIND OF BUSINESS OR INDUSTRY
5	USU/ 13a S	ATHER'S NAME	or. Cambr	FORE ADMISSION) DWN idge	13d. INSIDE CITY LIMITS? YES \(\frac{1}{2} \text{NO} \(\frac{1}{2} \text{NO} \)	13e STREET ADDRESS 120 Rivers	LAST
		Benedict VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? 166 SOCIAL SE	akly ECURITY NO. 9-6986	Maria 17. INFORMANT Penelope F	9986 B Emery Great	Hursh lackberry Lane Falls Va.22066 APPROXIMATE INTERVAL
	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECT OF TO, OR AS A CONSEC	DUENCE OF	ASGO.	AINAL DISEASE OR CONDITION	Doulys.
7	CERTIFICATION	190, DATE OF OPERATION	196 CONDITION FOR WH	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \qu			
7	-	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		saw the deceased alive on	ital) oftended the deceased fro 12131 It view the body after death	0.0	DEGREE ATTENDING	, to	d hour and from the couses stated 22c. DATE SIGNED
		DALLM OX	S. SHARIFI	E	220 ADDRESS	~ ~	BRIDGE, MI)
		BURIAL, CREMATION, REMOVAL (SPECIFY)	736. DATE 2	on La	EMETERY OR CREMATORY AND GOOD COL	23d LOCATION CITY OR TOWN	

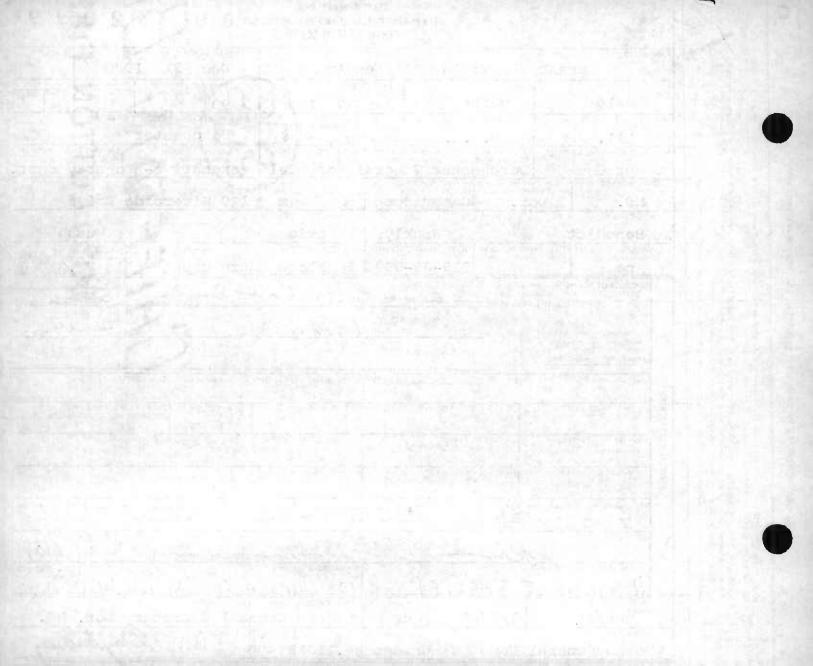
Cambridge Md.21613

BY REGISTRAR 256. REG. TRAVES STOSMATUR.

DHMH-16 30M 2/80 (VRA 15, 4) 24 FUNERAL DIRECTOR

Thomas Funeral Home

BP.



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME OF ESTI-2a. DATE (TYPE OR PRINT) Ray ELMER Wilkinson 19 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 12 11 80 PRONOUNCED male white June 14,1929 51 YRS DEAD 19 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR NEVER MARRIED Maryland U.S.A. Charles bounty DIVORCED USED AS A BURIAL - TRANSIT PERMIT PORM PM 3. RETAIN PAGE 1 USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS. 2011 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Farming FOR MOST OF WORKING LIEE) Mysicians Memorial Hospital LaPlata USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVERESIDENCE BEFORE ADMISSION) P.G. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD, 21201 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? General Delivery Maryland Aquasco NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE George Mary Helen Tippett Wilkinson 60. WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO, OR UNKNOWN) 214-28-8934 Windsor Wilkinson Bessie F. Yes Korean 86 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
Cirrhosis of liver APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES 🔲 KKON 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f LOCATION STREET, EACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22s. I certify that I taak charge of the remains described above, held an and in my apinian Autopsy Undetermined manner Suicide Hamicide TITLE (SPECIFY) ACTUAL DATE 12-12-80 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23r. NAME OF CEMETERY OR CREMATORY Burial Cheltenham, P.G., Maryland 12-15-80 Md. Veterans Cem. BP 24 FUNERAL DIRECTOR **DHMH-17** Waldorf, Maryland (VR A15 ME (5) Funeral Home, 15M 2/80

THE STATE OF STATE SHOWING THE STATE OF THE

STATE OF MARYLAND

Likips 10 11 63 5:15 1 .cs 🖭 0 0 god taken a see the second formula to be the er de manufalli tra l'al la la la de la descripción de la la de la decembra del decembra de la decembra de la decembra del decembra de la dec TOT I C USE O Automorphism and the state of t Toffend Links, Principal area, Large Land Admin.

2/		OR						NENT OF	HEALTH	ARYLAN AND M	ENTALH				3	2	90	0	1		
1	F	REGISTRAR			1		100	XAMIN	IER'S	CERTIFIC	CATEC	F DEAT	TH	REC	. NO.						
7	1. DECEASED NAME FIRST (TYPE OR PRINT)						MIDDLE			LAST		2	e. DATE OF	KNOWI ESTI-	1 28 W	ОНТН	DAY	YEAR	26 HOUR		
-	SEX			TENS						OODLAN				H MATED		.2		1980			
3.	SEX		4. RACE	MC		DAY	YEAR :	LAST BIRTHO		DER I YR.	IF UNDER		RONOL	UNCED	MC	ONTH	DAY	YEAR	2.45		
		ale	negro	75.7	Dec. 2	27.	1892	87 Y	RS.				DEA			.2		1980	рм		
ľ	FOR	eign country)		/8.	USA		LCOUNI	RY?		ED NE		IED 🔲	BALII	MORE CI	_						
110		Y OR TOWN		11			TAI NIID	SING HOM	WIDOV	ER INSTITU	DIVORC		AL OCC	Char	les				MD		
1					(IF NOT IN SU	JCH FACIL	ITY, GIVE STR	EET ADDRESS)				FOR MC	OST OF WO	ORKING LIFE		VORK	OR	INDUST	SA		
u	SUA	La Pla	IF IN NURSING H	IOME OR OTH	Phys.	1C1a	RESIDENCE BI	emori EFORE ADMISS	al Ho	spita	1	Hou	186-	-Wif	е						
-	M A	-		harl	les		Hugh	esvi	פוו	13d. INSIDE (NO X	Rte.		RESS Box	2 5 6	_					
		THER'S NAME						_	110	15. MOTHE	R'S MAIDE				22	2					
		Edwar	d Far		DDLE	-	LA	ST		El	IRST			Bris	COA		ι	AST			
16	6a. W	WAS DECEASED EVER IN U.S. ARMED FORCE				ES? 166. SOCIAL SECURITY NO.					MANT			ADDE	RESS						
L	(16	No (18 Yes, Give war or Dates)									rS	St.	S.E.								
Ī		18 CAUSE O	F DEATH (Ent	er only one	e couse pe					-	7 001	2000	2 48	MAS	a.D.		API	PROXIMATE	INTERVAL AND DEATH		
		PARTI DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease													BEIW	EEN UNSEI	AND DEATH				
		72	42	(DUE TO	O, OR AS	A CONS	EQUENCE	OF												
-		gove ris	s, if ony, w	diate	(b)																
		cause (a) lying cau	stating the <u>ur</u> se last.	nder-	DUE TO	OR AS	A CONS	EQUENCE	OF					(11)					- 79/2		
				((c)																
	N N	PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).																			
	Ĭ	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?										20 AUTOPSY?									
4	Ħ											YES NO IX									
		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19											- 444								
	N N			OF DEATI	н	P.M.	NORTH L	19 19													
	AED	21d. INJURY C	CCURRED		21e PLA		INJURY Y, FARM, ETC	(AT HOME,		CATION			CITY OR TO	OWN		COUN	utv		STATE		
1	1	AT WORK	NOT WHILE										CHI OK I	O M M		COON	411		STATE		
		22a. 1 certif	y that I took o	horge of t	he remoins	s descrit	bed above	, held on	Autop	у 🔲 ,	Inspection		Inquiry	v 🗓	ond in r	my opii	nian	100			
		death resulte	'	Vatural car			ccident		icide	, Hamic		Undeter],	·, opii					
		Legal.	X	11		1	1	1		TITLE (S				-9							
		ACTUAL SIGNATURE_		M	AC	N	V.	1	м	D. Ass	istan	t_MEDIC	AL EXA	MINER	D	ATE	12-	16-8	0		
1	-	EXAMINER'S I	NAME	110	U 71		ME														
	-	TYPE OR PRIN	IT)		. Di	xon,				ADDRESS_		Penn									
23	Ba. BU	RIAL, CREMAT ECIFY) Buria	ION, REMOV	AL 236. DA	ATE / 1 O Y	180				R CREMATO		23d. LOC	RTOWN			COUNT		STA	ATE		
		BUP18		175	/187	200	St	.Mar	y's		em.	Bry REC'D. BY R	ant	own	Cha	S.	Md				
4		NAME				DRESS							198(E SO I KA	K 2 2 K	HAIL	Accel			
		Marte.	II Ad	ams .	Aqua	BCC), M	aryla	and	2060E	UE	CIS	I SUCH	<u> </u>	-	_					

PS 15. Links

The second of th altivesomed selected but figur

talia dell'altri dell'altri della de